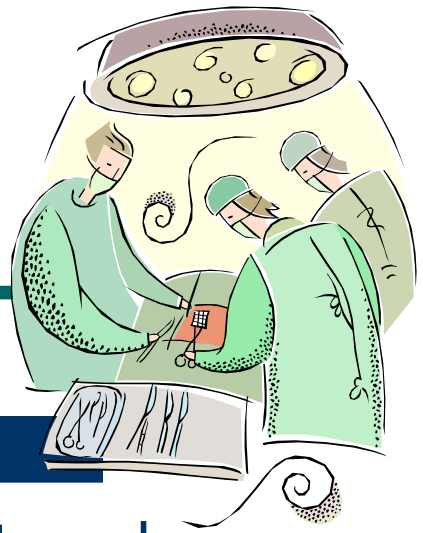
IBWA BASICS FOR PROVIDERS

PRESENTED BY:
LISA LANGLEY, CCS-P
IBWA CODER
NOVEMBER 2006

THE INPATIENT CONSULT



- When you are called to assess a patient and the patient care **is not** taken over by your Department, the encounter should be taken to clinic front desk and walked in. The provider then needs to complete the encounter in AHLTA. Documentation goes to appropriate coder.
- When the patient's care is taken over by the consulting service, the IBWA Coder will code the appropriate consult on that round. (A MEPERS)
- **PROFESSIONAL SERVICES SENERIOS FOR INPATIENT ENCOUNTERS. PAGES 2&3 AND SECTION 9.5.1 and 9.5.2 OF THE MILITARY HEALTH SYSTEM CODING GUIDANCE AUG 2006.**

ADMISSION FROM THE E

- When the patient is admitted from the ER the H&P should be dictated and signed in ESIG. The Credit for the consult will be included in the admission code for that day..
- When the patient is admitted and **is taken to surgery**, the H & P should be dictated and signed in ESIG. The consult information will get coded by the IBWA coder. (A MEPERS).

ADMISSIONS FROM THE CLINIC

- When the patient is admitted from the clinic please complete the AHLTA note for the clinic visit.
- This visit documentation can also be used as the H&P for admission purposes.

IBWA CODER RESPONSIBILITY

- **Inpatient consults-** Verify all consults are walked in and coded correctly.
- **Procedures-** Ensure all procedures are captured. For example, blood patches, PIC lines, cath placements.
- All dates are coded and correct MEPRS are used for hospitalization.

DOCUMENTATION TIPS

- DISCHARGES- When documenting on the discharge sheet notate how much time it took to discharge the patient. That will determine if 99238 or 99239 is used. (Greater than 30 minutes is a 99239.)
- RESIDENTS- When supervising a resident please write a note under the resident and sign it, if there is not a co-signer it can not be coded. (I will find the supervising doctor to get them to sign if someone forgets.)